

**RECONCILIATION OF MARION COUNTY OCCUPATIONAL LICENSE FEE WITHHELD  
FOR THE CALENDER YEAR ENDED DECEMBER 31, 2\_\_\_\_\_**

(This return must be filed on or before February 28)

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. EMPLOYEE LIST (Use Continuation Sheet, MCT Form 5C for additional employees or use W-2 Forms in lieu of MCT Form 5C)

Social Security No.	Name & Address of Employee	Gross Wages, etc. Paid	Wages, etc. Allocable to Marion County	Occupational License Tax Withheld

2. TOTAL THIS PAGE.....

3. TOTAL ALL PAGES.....

4. TOTAL PAGES THIS REPORT.....

5. TOTAL NO. EMPLOYEES REPORTED.....

6. QUARTERLY TOTALS (As Reported on MCT Form 6Q)

QUARTER	Gross Wages, Etc.	Wages Allocable to Marion County	License Fee Payable @1%	Amount Remitted to City of Marion County
1st				
2nd				
3rd				
4th				
7. TOTALS				

**\*NOTE: TOTALS SHOULD AGREE WITH TOTALS IN ITEM NO. 3**

I declare that to the best of my knowledge and belief, that all information provided herein is true, complete, and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

